

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

09/200806

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
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11	1					
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49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	16	↓		↓		↓
TOTAL CLAIMS	20					

	*		*		*
	IND.	DEP.	IND.	DEP.	IND.
51					
52					
53					
54					
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98					
99					
100					
TOTAL IND.		↓		↓	
TOTAL DEP.		↓		↓	
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS